

Civil Action No.: 3:13-CV-00208-RDM

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Chesapeake Appalachia LLC
was received by me on (date) Jan. 28, 2013

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individuals residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individuals last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

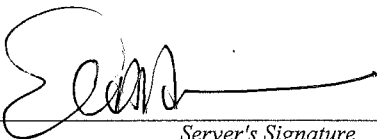
☐ I returned the summons unexecuted because _____; or

☒ Other (specify): served certified mail return receipt
requested on Feb. 7, 2013.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

3/26/13
Date


Server's Signature
Edwin A. Abrahamsen, Jr. - Attorney
Printed name and title

Abrahamsen, Conaboy & Abrahamsen, P.C.
Attorneys at Law

1006 Pittston Avenue
Server's Address
Scranton, Pennsylvania 18505

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X RECEIVED <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) FEB 07 2013	C. Date of Delivery
Chesapeake Appalachia LLC 6100 N. Western Ave. Oklahoma City OK 73118	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No MAILROOM 17	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 0470 0002 7629 5902		
Domestic Return Receipt		
102595-02-M-1540		